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CONFIRMATION NO. 1786

Bib Data Sheet

SERIAL NUMBER 09/053,832	FILING DATE 04/01/1998 RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. 28.733
APPLICANTS WILLIAM M. OWENS, TACOMA, WA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/06/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 13
ADDRESS JAMES F LEGGETT 1901 SOUTH STREET TACOMA, WA 98405				
TITLE FEEDWORKS DEVICE				
FILING FEE RECEIVED 452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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APPLICANTS WILLIAM M. OWENS, TACOMA, WA; ** CONTINUING DATA ***** <i>ok none</i> ** FOREIGN APPLICATIONS ***** <i>ok none</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/06/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>A</i> Examiner's Signature Initials		STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 13
INDEPENDENT CLAIMS 1				
ADDRESS William M. Owens 5716 North 33rd Street, Apt. 1 Tacoma, WA98407				
TITLE FEEDWORKS DEVICE				
FILING FEE RECEIVED 452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/053,832	FILING DATE 04/01/98	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. 28.733
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APPLICANT

WILLIAM M. OWENS, TACOMA, WA.

****CONTINUING DOMESTIC DATA*******

VERIFIED

CH

NONE

****371 (NAT'L STAGE) DATA*******

VERIFIED

CH

NONE

****FOREIGN APPLICATIONS*******

VERIFIED

CH

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/06/98 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
Verified and Acknowledged			Examiner's Initials <u>CH</u>	Initials _____		

ADDRESS	JAMES F LEGGETT 1901 SOUTH I STREET TACOMA WA 98405
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TITLE	FEEDWORKS DEVICE
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SERIAL NUMBER <div style="text-align: center;">09/053,832</div>	FILING DATE <div style="text-align: center;">04/12/98</div>	CLASS <div style="text-align: center;">082</div>	GROUP ART UNIT <div style="text-align: center;">3724</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">28.733</div>
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APPLICANT

WILLIAM M. OWENS, TACOMA, WA.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/06/98 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
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ADDRESS

JAMES F LEGGETT
 1901 SOUTH I STREET
 TACOMA WA 98405

TITLE

FEEDWORKS DEVICE

FILING FEE RECEIVED <div style="text-align: center;">\$395</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>
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